

Step-by-Step Instructions for Completing the COVID-19 Child Care Provider Reopening Application

1. To complete the COVID-19 Child Care Provider Reopening Application, visit <https://ncchildcare.ncdhhs.gov/Whats-New/Coronavirus-Information-for-Child-Care/COVID-19-Child-Care-Provider-Reopening-Application>
2. **Verify your facility's License Number.**
 - To start completing the application, enter your facility's License Number. Then click "Verify License Number".
 - *Note: license numbers may begin with a '0' or '00' for certain counties. Please be sure to include these leading zeros to ensure that your license number can be verified.**

COVID-19 Child Care Provider Reopening Application

Please use this form if you are the owner of a North Carolina child care facility that is willing to meet the requirements outlined below to reopen after May 8, 2020.

The North Carolina Department of Health and Human Services (NCDHHS) and the North Carolina Division of Child Development and Early Education (DCDEE) recognizes the need to reopen safe, developmentally appropriate child care for working families in North Carolina. Given the implications and potential risks of COVID-19, the state is reopening through a three-phase approach and is exercising additional precautions to protect the health and safety of children, families, and staff and ensure child care programs adhere to public health protections to prevent the spread of COVID-19.

North Carolina has authorized that all child care programs can reopen as of May 11, 2020 under new, [emergency child care licensing regulations](#) and [updated health and safety guidelines](#). All licensed/regulator Child Care Center/Family Child Care providers who have been closed must complete the following application in advance of reopening to demonstrate compliance to these new regulations.

The Division of Child Development and Early Education Regulatory Services Branch will review your application and provide written approval from DCDEE to reopen.

After submitting your application:

- Your child care consultant will reach out to you to discuss your plan to meet the updated health and safety guidelines and answer any questions you may have about reopening.
- You will receive an email from DCDEE with a sign indicating that your facility has been approved to meet the COVID-19 health and safety guidance, and you should post this sign at your facility while the current emergency regulations are in effect. (Note: All providers that are open will need to post a sign indicating that their facility has been approved; DCDEE will provide signs to those providers who already applied to serve as Emergency Child Care Providers in April 2020.)

We recommend providers submit the Child Care Provider Reopening Application at least 48 hours in advance of their reopening date. Child care facilities that do not receive approval from DCDEE to reopen will not be allowed to reopen or be approved to provide child care until further notice.

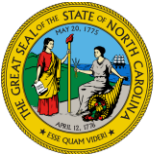
Emergency Child Care Provider Application Step by Step Instructions

*** Required Fields**

I. Facility Information

1. **License Number ***

Verify License Number



3. Verify your Facility Name.

- After clicking “Verify License Number”, review the Facility Name displayed to ensure you have entered the license number for the correct facility. A question will appear below that Facility Name displayed that asks, “Is this the correct facility?”.
- Please review the pre-populated Facility Name displayed to ensure that you are entering information for the correct license number.
- If the Facility Name listed is correct, click “Yes”. If the Facility Name listed is incorrect, click “No”. This will then take you back to the first question. At this point, please work with your child care consultant to obtain the correct License Number for your facility to complete step 1.

I. Facility Information

1. **License Number ***

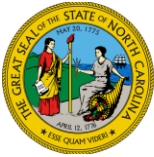
[Verify License Number](#)

2. **Facility Name***

Is this the correct facility? [YES](#) [NO](#)

4. Complete the rest of the “Facility Information” section.

- **Some fields will be pre-populated using information on record that is associated with your License Number. Please check to ensure that your information is accurate and make any changes as necessary. Please ensure that all remaining fields in the “Facility Information” section are filled in with your accurate information.** You will need to fill in your information for the following fields:
 - Owner Name
 - Facility Mailing Address (Street/P.O. Box, City, State, Zip Code)
 - Facility Phone Number
 - Location Address (Street, City, State, Zip Code, County)
 - Facility Contact Person (Name, Email Address, Phone Number, Cell Phone Number, Fax Number) ***For “Email Address”, please enter the email address of the individual that you want to receive a confirmation email upon submitting your application**
 - Scheduled Days and Hours of Operation: for each day, please indicate whether you are Open or Closed and what your Hours of Operation are
 - Currently Licensed for 2nd or 3rd Shift Care: for both 2nd Shift and 3rd Shift care, please indicate if you are currently licensed to serve
 - Date you plan to re-open your facility



I. Facility Information

1. License Number *

2. Facility Name*

3. Owner Name*

4. Facility Mailing Address

Street / P.O. Box*

City*

State*

Zip Code*

5. Facility Phone Number*

6. Location Address*

Street*

City*

State*

Zip Code*

County*

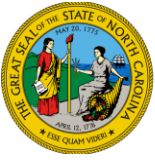
7. Facility Contact Person (if different from applicant)

Email Address*

Phone Number

Cell Phone Number

Fax Number



8. **Scheduled Days and Hours of Operation:***

*Monday	Select ▼	Select Time ▼	to	Select Time ▼
*Tuesday	Select ▼	Select Time ▼	to	Select Time ▼
*Wednesday	Select ▼	Select Time ▼	to	Select Time ▼
*Thursday	Select ▼	Select Time ▼	to	Select Time ▼
*Friday	Select ▼	Select Time ▼	to	Select Time ▼
*Saturday	Select ▼	Select Time ▼	to	Select Time ▼
*Sunday	Select ▼	Select Time ▼	to	Select Time ▼

9. **Currently Licensed for 2nd or 3rd Shift Care?***

2 nd Shift *	3 rd Shift *
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

11. **Date you plan to re-open your facility:***

mm/dd/yyyy

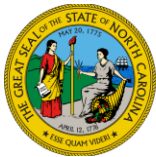
- ***Note:** If you select “No” for either shift under question 9, “Currently Licensed for 2nd or 3rd Shift Care?”, another question will appear that says, “If not currently licensed for 2nd or 3rd shift care, would you be willing to provide 2nd or 3rd shift care during the COVID-19 crisis?” Please respond to this question according to your willingness to provide 2nd or 3rd shift care if you are not currently licensed.

10. **If not currently licensed for 2nd or 3rd shift care, would you be willing to provide 2nd or 3rd shift care during the COVID-19 crisis?**

2 nd Shift	3 rd Shift
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

5. **Complete the next section “II. Declaration:”***

- Please read each declaration in this section carefully.
- Check the box to the left of each declaration to confirm that you are able to meet the conditions and requirements of each declaration.
- All declarations in this section must be agreed upon using a check in order to submit your application.
- Please consult with your child care consultant if you have questions about any of the declarations.



***Note: If you are a GS-110 religious-sponsored facility, please see [Appendix I. Completing Section II. Declaration as a GS-110 Religious-Sponsored Facility](#) following Step 8 for instructions on completing the “II. Declaration” section.**

II. Declaration:

I understand that by confirming I will meet the following conditions, my facility will meet the requirements to reopen:

*** You must agree to each and all declarations to continue.**

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*My facility will adhere to [updated NC DHHS interim coronavirus disease 2019 guidelines for health screening and safety](#) and comply with all [interim policy and regulatory flexibilities](#).

☐

*My facility has adequate staffing to comply with licensing requirements and implement [updated NC DHHS interim coronavirus disease 2019 guidelines for health screening and safety](#).

☐

*My facility has adequate supplies and resources to implement updated interim coronavirus disease 2019 guidelines for health, screening, and safety. Adequate supplies and resources include, but are not limited to: proper resources for conducting daily screenings and daily health checks; handwashing stations with soap and water; paper towels; proper disinfectants; and lined trash cans.

☐

*My facility has adequate resources to care for children (e.g., diapers, wipes, food).

☐

*My facility will update current vacancy and staffing information on a daily basis using the online [COVID-19 Child Care Provider Survey](#).

☐

*My facility will waive all child care subsidy parent co-payments during the months indicated by DCDEE. I understand that NC DHHS will cover the parent co-payments during these months.

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*My facility will provide teachers and staff with bonus pay at no less than amount funded by DCDEE, at the time of the regular payroll during the COVID-19 crisis through the month of May. These bonus pay amounts are explained in the [Payment Policy](#).

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*If, at any time, my facility is unable to meet the requirements described in this document that I will immediately notify my facility's licensing consultant.

6. Enter your e-signature and today's date.

- Enter your full name to provide your e-signature for the field “Signature (Type your full name)”
- Enter today's date as mm/dd/yyyy for the field “Date”

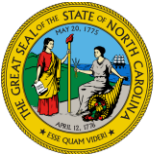
Signature (Type your full name)*

mm/dd/yyyy

Date* Today is: 3/28/2020

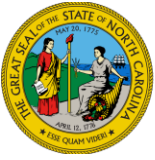
Submit Application

7. Review all of the information you have entered in your application to ensure all information is correct and accurate.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

8. **Submit your application.** Click "Submit Application" to submit your application. You will see a confirmation message on your screen confirming that your application has been successfully submitted. You will also receive a confirmation e-mail sent to the e-mail address you have submitted under the "Facility Contact Person" section.



Appendix I. Completing Section II. Declaration As a GS-110 Religious-Sponsored Facility

GS-110 religious-sponsored facilities have the option to opt-out of receiving funds from DCDEE. As such, these facilities are required to respond with their decision to accept or opt-out of receiving these funds. Please see the instructions below for completing the Declaration section as a GS-110 religious-sponsored facility:

- Please read each declaration in the Declaration section carefully.
- Check the box to the left of each declaration to confirm that you are able to meet the conditions and requirements of each declaration.
- All declarations in this section must be agreed upon using a check in order to submit your application.
- Please consult with your child care consultant if you have questions about any of the declarations.
- **After the fifth declaration, GS-110 religious-sponsored facilities will see an additional question, “*As a GS-110 religious sponsored facility, are you willing to accept federal or state COVID-19 funds to support child care facilities (e.g., bonus payments, operational grants, other payments that DCDEE may offer)?”. Please indicate if you are willing and able to accept federal or state funds with a Yes or No response.**
 - Please consult with your child care consultant if you have questions about this question.

*As a GS-110 religious sponsored facility, are you willing to accept federal or state COVID-19 funds to support child care facilities (e.g., bonus payments, operational grants, other payments that DCDEE may offer)?

☐ Yes ☐ No